

Name
in
Full

Infant Mr Mrs Jas H Alexandria

CERTIFICATE OF DEATH

MARYLAND

Died at Cumberland Alleg County

Date of death 1909 June 23 Age 1 Month 1 Days

Sex Female Color or Race Colored Birth-place Cumbd.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name James H Alexandria Father's Birthplace Md

Mother's Maiden Name Eva Gehl Mother's Birthplace Pa

Name of person giving Information Jas H Alexandria How related to deceased Father

CAUSES OF DEATH

Primary Premature Birth How long 2 Mo.

Immediate Cx haemorrhage How long 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. F. Swigg

Address Cumbreland, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

17 Baker St

Name
in
Full

Sasie Barber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Loortown ^{Town} Alleghany ^{County} **MARYLAND**

Date of death 190 9 ^{Month} June ^{Day} 30 Age 3 ^{Years} 3 ^{Months} 6 ^{Days}

Sex Female Color or Race White Birth-place Loortown

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name James Barber Father's Birthplace Valermit

Mother's Maiden Name Hettie Loor Mother's Birthplace " "

Name of person giving Information James Barber How related to deceased Father

CAUSES OF DEATH

Primary Cold **95** ✓ How long 2 wks

Immediate Pulmonary Congestion How long 1 day

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of
Physician

Address

PHYSICIAN
OR CORONER
☒ Accident or Suicida

Le

1 Road Chack

Name
In
Full

Franklin Bean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Grahamton</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	Month <u>June</u>	Day <u>23</u>	Age <u>—</u>	Months <u>—</u> Days <u>2</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Robert Bean</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Katie Sires</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Robert Bean</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

64 ✓

PHYSICIAN
OR CORONER

Primary	<u>Meningeal Hemorrhage</u>	How long	<u>2 days.</u>
Immediate	<u>Asphyxia</u>	How long	<u>20 hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. A. R. Walker.</u>	
		Address <u>Frostburg.</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

George Frederick Beck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Cumberland Town Allegany County **MARYLAND**

Date of death 1909 June Month 19 Day Age 6 Years Months Days

Sex Male Color or Race White Birth-place Cumberland

Occupation Student Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name George Beck Father's Birthplace Cumberland

Mother's Maiden Name Anna Paul Mother's Birthplace Cumberland

Name of person giving Information George Beck How related to deceased Father

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

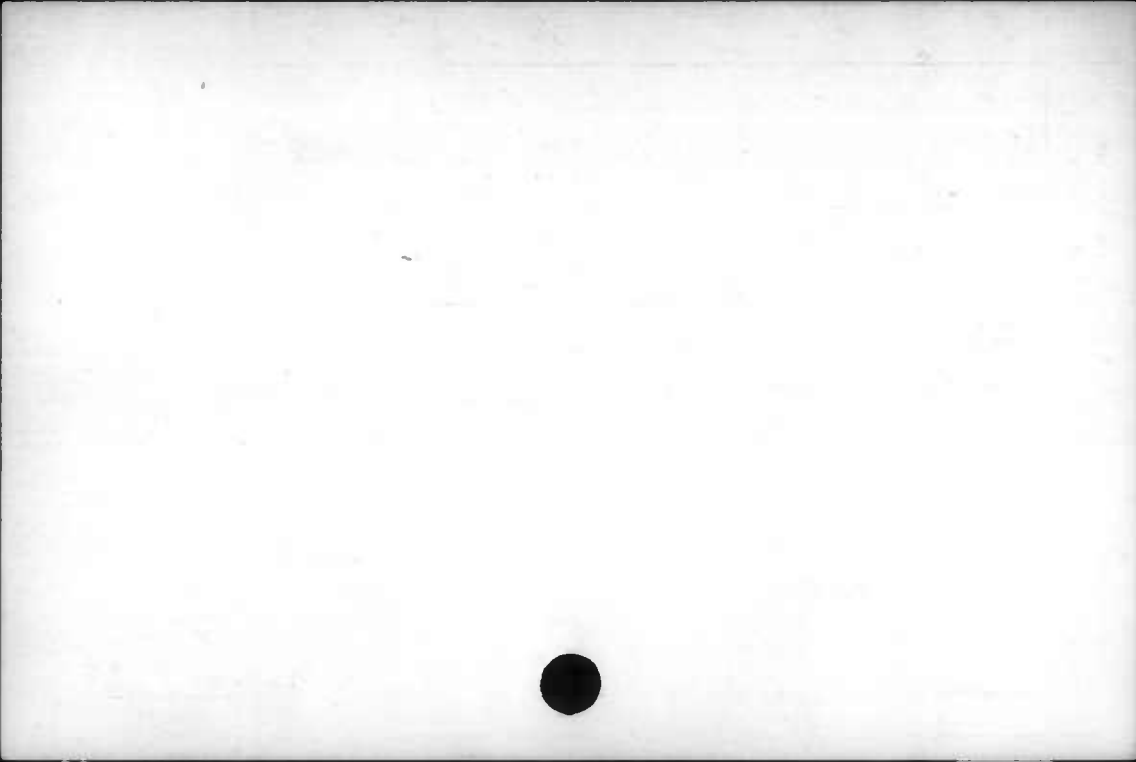
Primary Acute Meningitis How long two days

Immediate Convulsions How long one day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician [Signature] Address [Signature]

Accident or Suicida —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Georgette Bell* Town *Londontown* County *Allegheny*

Died at *Londontown* *Allegheny* MARYLAND

Date of death 1909. June 11 Age 6 Months 3 Days

Sex *Female* Color or Race *White* Birth place *Seattle, Wash.*

Occupation *School child* Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Archibald Bell* Father's Birthplace *Londontown*

Mother's Maiden Name *Louise Versenthal* Mother's Birthplace *Londontown*

Name of person giving Information *Mrs. Louise Bell* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Acute Indigestion Vomiting* How long *6 days.*

Immediate *Exhaustion* How long _____

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Henry M. Hodgson

Londontown, Md.

Accident or Suicide

*No*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John M Bressler		Town Cumberland		County Allegheny		State MARYLAND	
Died at Cumberland		Month June		Day 10		Year 1909	
Date of death 1909 June 10		Age 54		Months 8		Days —	
Sex Male		Color or Race White		Birthplace New Port Pa.			
Occupation Dispatcher of Trains		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Margritha - A -					
Father's Name Charles Bressler		Father's Birthplace New Port Pa.					
Mother's Melden Name Sarah Bartlett		Mother's Birthplace Lonsburg Pa.					
Name of person giving Information Margritha A Bressler		How related to deceased Wife					

CAUSES OF DEATH

45 ✓

Primary	Sarcoma (?) of Trachea & Lungs	How long	3 months
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician James T. Johnson, M.D.	
Stem		Address Cumberland, Md.	
Accident or Suicide Newport Pa			

PHYSICIAN
OR
CORONER

5508-1854

Newport Pa.

Perry Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph H Burkey
Town Cumberland County Alleg

MARYLAND

Died at Date of death 1909 June 6 Age 14 Months 9 Days

Sex Male Color or Race White Birth-place Pa

Occupation School boy None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name James Burkey Father's Birthplace Md

Mother's Maiden Name Margaret Mills Mother's Birthplace Md

Name of person giving Information James Burkey How related to deceased Father

CAUSES OF DEATH

119 ✓

Primary Nephritis How long 3 weeks

Immediate Acemic Coma How long 3 days

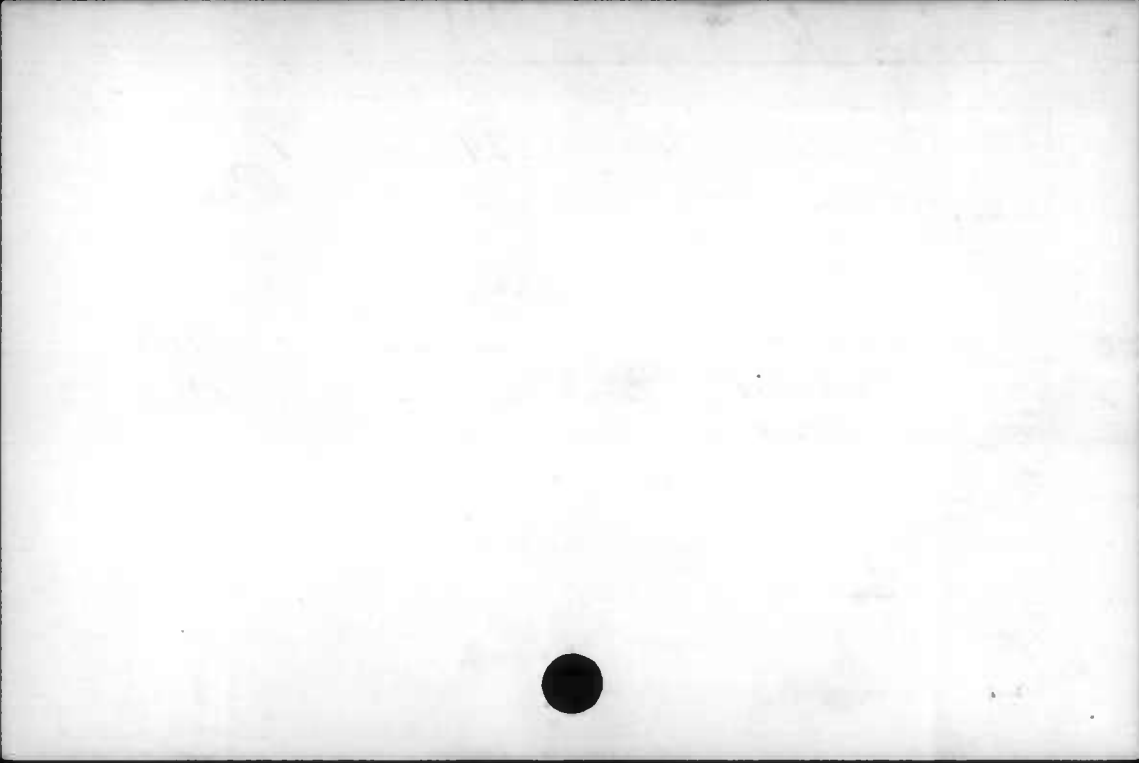
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. D. Lankford

Address Cumberland Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ann Carter

Died at *Int Sarah* Town *Allegany* County **MARYLAND**

Date of death *1909 June 19* Month *June* Day *19* Age *88* Years *88* Months *88* Days *88*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housework* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Wm Carter* Father's Birthplace *Ind*

Mother's Maiden Name *Emily Ann Shider* Mother's Birthplace *Ind*

Name of person giving Information *Wm Carter* How related to deceased *Nephew*

CAUSES OF DEATH

39 ✓

PHYSICIAN
OR CORONER

Primary *Cancer of lower lip* How long *6 years*

Immediate *Exhaustion* How long *1 month*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *F. Alan G. Minayko*

Address *Int Sarah Ind*

Accident or Suicide



Name
in
Full

infant Clark.

CERTIFICATE OF DEATH

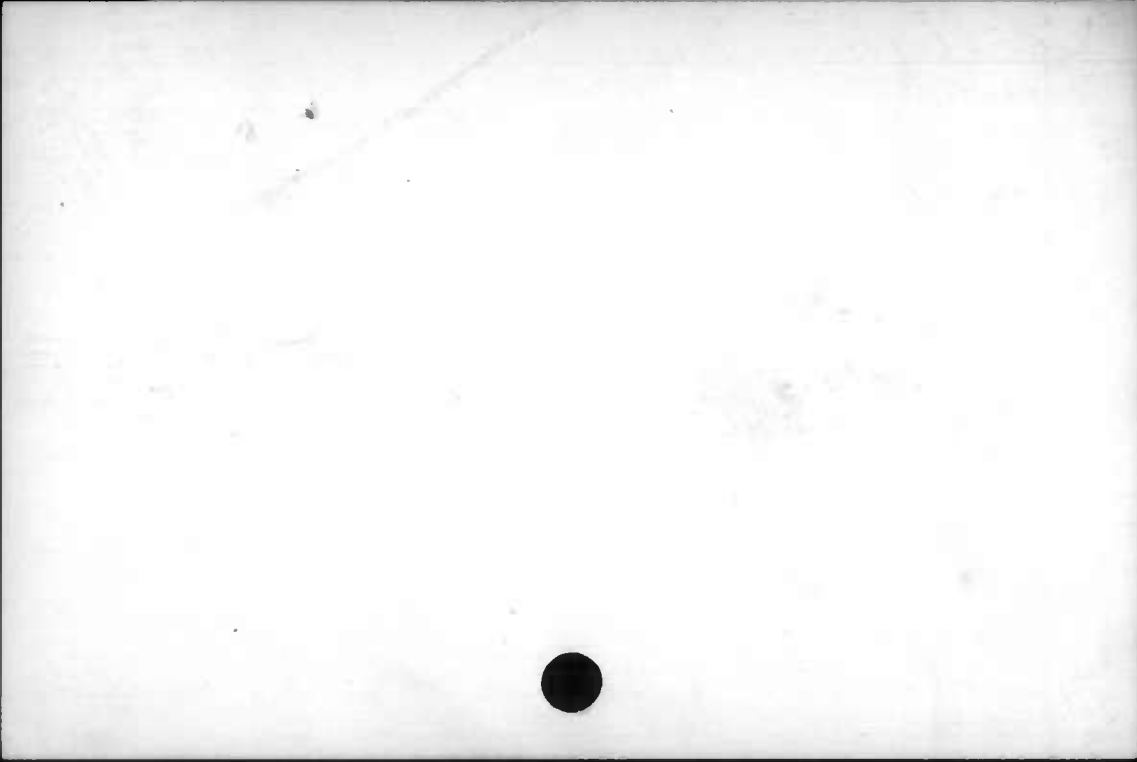
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		June	23	—	—	—	5 Min
Sex	Female		Color or Race	White		Birth-place	Cumt-d
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	— none			
Father's Name	Phillip F Clark				Father's Birthplace	Cumberland	
Mother's Maiden Name	Cathrine Roman				Mother's Birthplace	Cumt-d	
Name of person giving Information	Phillip Clark				How related to deceased	Father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	still born (Eclampsy)		How long	—
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Yes		A. L. Franklin	Cumberland Mt.	
Accident or Suicide				



Name
in Full

William W. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		June	24	21	1		
Sex	Male	Color or Race	White	Birth-place	Cumber		
Occupation	Laborer			Where Residing if not at place of death	Narrow Park		
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name	J. W. Clark			Father's Birthplace	Cumber		
Mother's Maiden Name	Mary Presman			Mother's Birthplace	"		
Name of person giving Information	Geo. Clark			How related to deceased	Bro.		

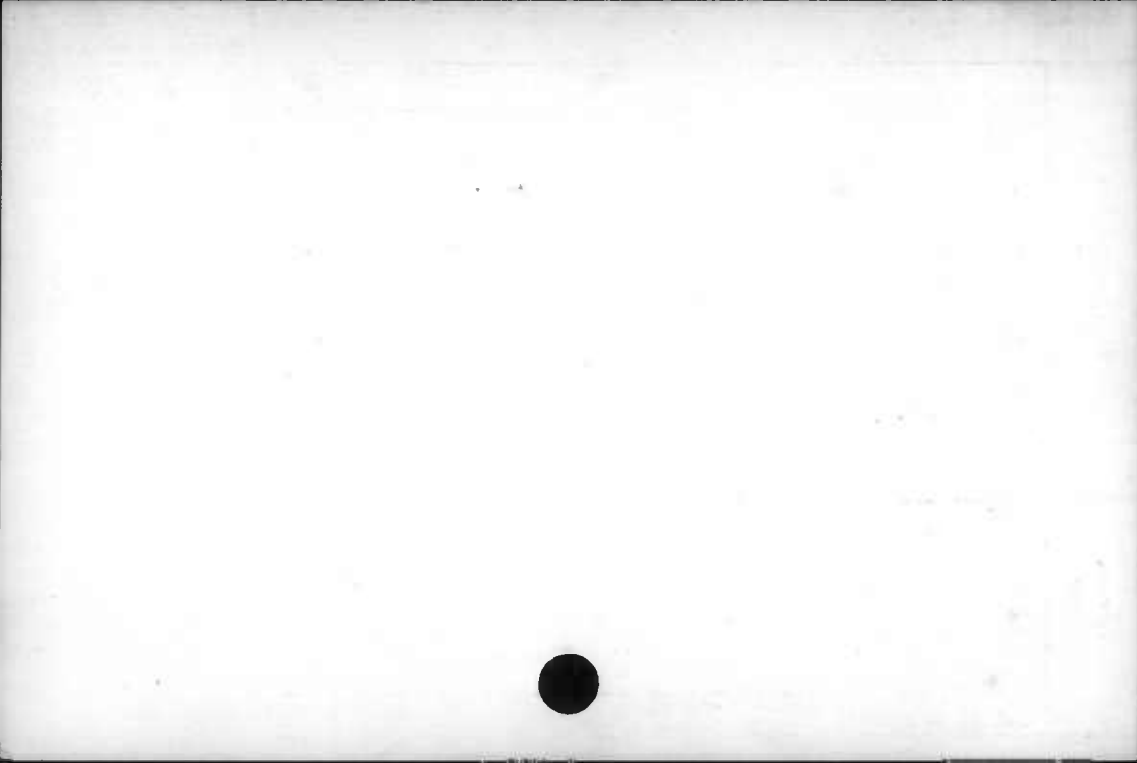
CAUSES OF DEATH

155

✓

PHYSICIAN
OR CORONER

Primary	Stychnine Poison		How long	4 ours
Immediate	Exhausted		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. H. Madsen, Coroner		
Address		Cumber		
Suicide		No		



Name
in
Full

Inf Mr & Mrs Wm Cleggett

CERTIFICATE OF DEATH

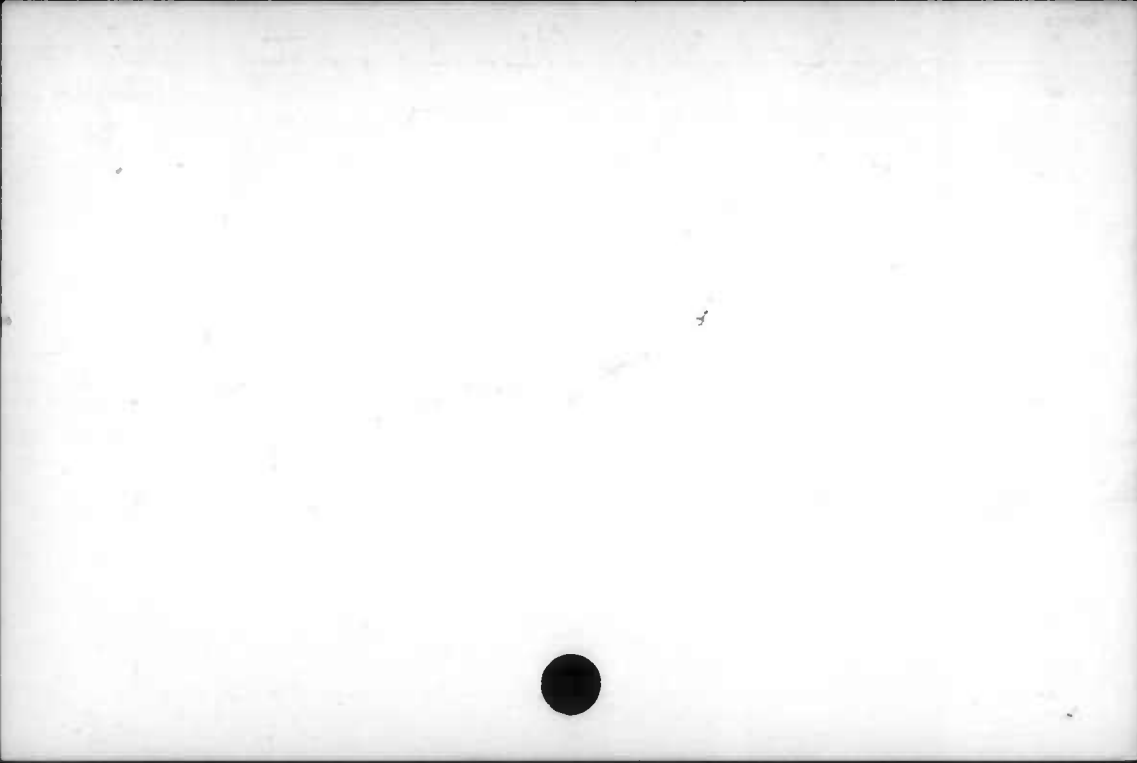
TO BE ANSWERED BY
NEAREST FRIEND

Died at *humboldt* *Allen* County **MARYLAND**
Date of death *1909 June 3* Age *—* Months *—* Days *1*
Sex *male* Color or Race *colored* Birth-place *—*
Occupation *none* Where Residing if not at place of death *—*
Married, Single or Widowed *single* Name of Wife or Husband *none*
Father's Name *Wm Cleggett* Father's Birthplace *Cumhd.*
Mother's Maiden Name *Mary E Bailey* Mother's Birthplace *Cumhd.*
Name of person giving Information *" " "* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still born* How long *—*
Immediate *—* How long *—*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. Owens, M.D.*
Address *Cumhd. over Md*
Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elmer Elsworth Corner
Frostburg Allegany

Died at Frostburg Allegany County MARYLAND

Date of death 1909 June 14 Age 45 Months 4 Days 5

Sex Male Color or Race White Birth-place Keyser Ridge

Occupation Painter Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Huaband

Father's Name Levi Corner Father's Birthplace Creston

Mother's Maiden Name Mary A. Willey Mother's Birthplace Grantsville

Name of parson giving Information Wm. Hunter How related to deceased Nephew

CAUSES OF DEATH

175 ✓

PHYSICIAN
OR CORONER

Primary Cause of Death Stomach Poison (from eating oysters)

How long 5 days

Immediate Cause of Death

How long 4

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address Frostburg Md

Accident or Suicide

J. W. C.

Grantville

Name
in
Full

Infant Mr. Mrs. D. P. Cooper

CERTIFICATE OF DEATH

Died at

Cunda

Town

County

Allegheny

MARYLAND

Date
of death

1909 June

Month

Day

29

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Cunda

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

D. P. Cooper

Father's
Birthplace

W. Va.

Mother's
Maiden Name

Mamie Roden

Mother's
Birthplace

W. Va.

Name of person giving
Information

Bess Edenhart

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

Still born

How long

D ✓

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Stein

A. L. Parker
Franklin
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H
Paca Sr.
Cor Smallwood

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Lewis Davis Town Cumtob County Allegh
Died at Cumtob
Date of death 1909 June 21 Age 4 Months 4 Days
Sex Male Color or Race White Birth-place MD
Occupation None Where Residing if not at place of death None
Married, Single or Widowed Single Name of Wife or Husband None
Father's Name Pilmour Davis Father's Birthplace D.R.
Mother's Maiden Name Margaret Jackson Mother's Birthplace Pa
Name of person giving Information Betha Sprigg How related to deceased None

CAUSES OF DEATH

(179) ✓

PHYSICIAN
OR
CORONER

Primary Inanition How long 4 mo
Immediate Spasms How long 2 hrs
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Chas. B. Brace M.D. Address Cumtob Allegh Co
At Home Accident or Suicide Cypher Pa Brace Md

398 N Centre St

Byrdner Station Pa
Bedford County

Name
in
Full

George A. Deetz -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland <small>Town</small>		Allegany <small>County</small>		MARYLAND	
Date of death 1909 <small>Month</small> 6 <small>Day</small> 21		Age 54 <small>Years</small>		— <small>Months</small> — <small>Days</small>	
Sex Male	Color or Race White	Birth-place Cumberland			
Occupation Machinist	Where Residing if not at place of death. Cumberland, Md.				
Married, Single or Widowed Single	Name of Wife or Husband None				
Father's Name Howard Deetz	Father's Birthplace Cumberland		Mother's Birthplace Hollydsburg Pa		
Mother's Maiden Name Annie Sellers	How related to deceased Father		(124)		
Name of person giving Information Howard Deetz					

CAUSES OF DEATH

Primary	Shock <small>internal and external</small>		48 hrs
Immediate	Hemorrhage <small>urethrotomy</small>		4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Edward Harris	How long
yes		Address Cumberland Maryland	
Accident or Suicide X			

PHYSICIAN
OR CORONER

Harris

Name
in
Full

CERTIFICATE OF DEATH

Susannah Nell Hevart
Town County

MARYLAND

Died at *Lonaconing Allegany*

Date of death 190 *9* June *7* Age *65* Months *0* Days *20*

Sex *Female* Color or Race *White* Birth-place *W. Virginia.*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Daniel Hevart.*

Father's Name *— Earl* Father's Birthplace *W. Virginia*

Mother's Maiden Name *Unknown* Mother's Birthplace *W. Virginia*

Name of person giving information *Mrs. J. H. Hutchinson* How related to deceased *Daughter*

CAUSES OF DEATH

120 ✓

Primary *Nephritis.* How long *3 months*

Immediate *Heart failure.* How long *Suddenly.*

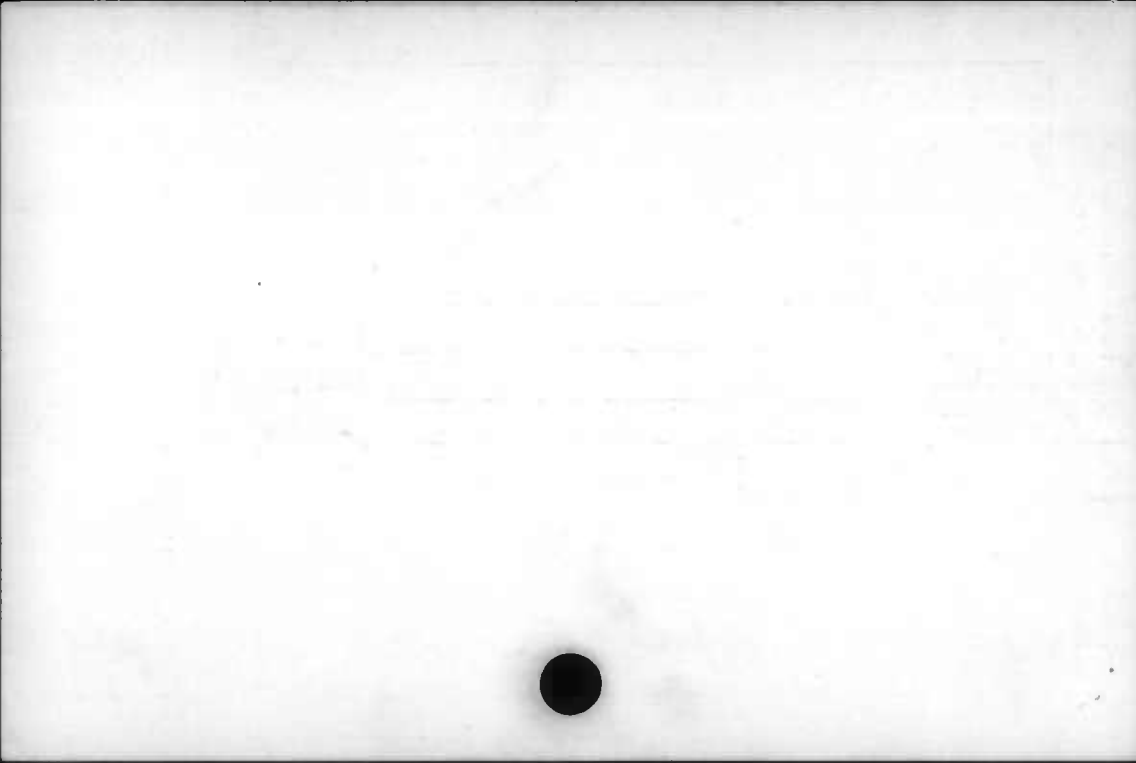
Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *Harry M. Hodgson M.D.*
Address *Lonaconing, Ind.*

Accident or Suicida *No.*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Charles Glautzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumt Town Allegh. County MARYLAND
Date of death 1909 June 29 Age 45 Months 6 Days —
Sex Male Color or Race White Birth-place Cumt
Occupation Laborer Where Residing if not at place of death 3rd. St.
Married, Single or Widowed Married Name of Wife or Husband Annie Wagner
Father's Name Henry Glautzer Father's Birthplace Germany
Mother's Maiden Name D.K. Mother's Birthplace D.K.
Name of person giving Information Annie Glautzer How related to deceased Wife

CAUSES OF DEATH

41 ✓

PHYSICIAN
OR CORONER

Primary Cancer of Rectum How long 5 mos
Immediate Post-operative Intestinal Perforation How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W.B. Clayman
Stein Address Cumtland Md
Accident or Suicide —



Name
in
Full

William R Glisan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Allegany **MARYLAND**

Date of death 1909 ^{Month} June ^{Day} 3 ^{Years} 71- ^{Months} 1 ^{Days} 26

Sex Male ^{Color or Race} White ^{Birth-place} Somerset Co., Pa

Occupation Railroad worker ^{Where Residing if not at place of death} —

Married, Single or Widowed Widowed ^{Name of Wife or Husband} H. A. Glisan

Father's Name Thomas Glisan ^{Father's Birthplace} Frederick Co., Md

Mother's Maiden Name Gyrena Beckwith ^{Mother's Birthplace} Frederick Co., Md

Name of person giving Information A. E. Glisan ^{How related to deceased} Son

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary ^{How long} uremia 14 years

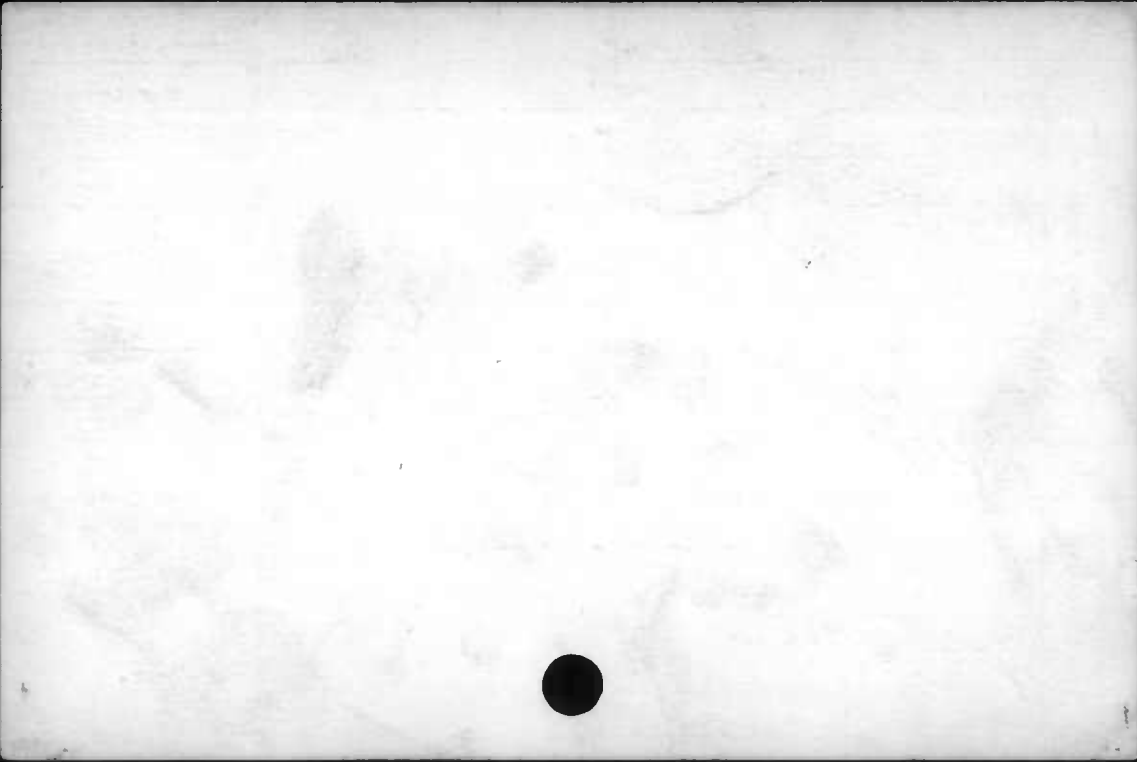
Immediate ^{How long} uremic coma —

Are the name, age, sex, color, data and place correctly given above? ☒

Signature of Physician *Thos. M. Davis*

Address *Cumberland*

Accident or Suicide ☒



Name
in
Full

Emiline Goodwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brimfield</i>		County <i>Allegh</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	June	10	Age 23	-	-
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation <i>Wife</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William B Goodwin</i>				
Father's Name <i>S. P. Tedrow</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Effie Marks</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving Information <i>W. J. Goodwin</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

1

PHYSICIAN
OR
CORONER

Primary	<i>Typhoid fever</i>	How long	<i>4 Weeks</i>
Immediate	<i>& exhaustion</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Thos. A. Loew</i>	
<i>Steerin</i>		Address <i>Brimfield Pa</i>	
Accident or Suicide <i>Rockwood, Pa</i>		<i>Moore</i>	



Name
in
Full

Leah L Houck

CERTIFICATE OF DEATH

Died at *Cumtland* ^{Town} *Allegheny* ^{County} **MARYLAND**

Date of death **1909** ^{Month} *June* ^{Day} *10* ^{Years} *71* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Pa*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *William H Houck*

Father's Name *John Harting* Father's Birthplace *Pa*

Mother's Maiden Name *Katherine Malone* Mother's Birthplace *D.R.*

Name of person giving Information *Wm H Houck* How related to deceased *Husband*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

154

Primary *Senility -* How long *—*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *F.B. McDonald*
Address *Cumtland Pa*

Stey

Accident or Suicide

PHYSICIAN
OR
CORONER

8 children 389 Valley St
at 4 October
Geo M - at home ^{Second child}
^{Margaret child}

Mary Gookatough
John W. Lewis Proctor
Benjamin City

Mrs Geo A Smith City

Harry A S Child - at

Mrs Lizzie Gookatough Pen Mar
1. Arthur Becker City

Sunday Monday 17 P.M.

He

Admission 25 Cents

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles Henry Hunt* County *Allegany* MARYLAND

Died at *Frostburg* Month *June* Day *26* Years *24* Months *3* Days *22*

Date of death *1909 June 26* Age *24*

Sex *male* Color or Race *white* Birth-place *Pittsburg Pa*

Occupation *mines* Where Residing if not at place of death *Frostburg*

Merriad, ~~Single~~ *Widowed* Name of Wife or Husband *Esther Hunt*

Father's Name *Wm. E. Hunt* Father's Birthplace *Pa*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Mrs. Esther Hunt* How related to deceased *wife*

CAUSES OF DEATH

164 ✓

PHYSICIAN
CORONER

Primary *accident* How long *immediate*

Immediate *accident* How long *immediate*

Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *G. L. Linsinger, M.D.*

Address *Frostburg Md*

Accident or Suicide *accident*

J. H. H. H.
Allegany

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cumberland

County

Alleg

MARYLAND

Date

of death 1909 June 3

Age

58

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Bookkeeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

John Kolb

Father's
Birthplace

Germany

Mother's
Maiden Name

Mary Hirsch

Mother's
Birthplace

Germany

Name of person giving
Information

Charles G Kolb

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Endocarditis

How long

1 yr

Immediate

Syncope

How long

few minutes

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

O. B. Branson D

Address

Cumberland

Accident or Suicide

Brace

Md

PHYSICIAN
OR CORNER

4000

1200

5500

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jane Willison Lee

Town *Eckhart Mines* County *Alligany* MARYLAND

Died at *Eckhart Mines Alligany*

Date of death 190 *9* Month *June* Day *6* Age *5-3* Months *4* Days *30*

Sex *Female* Color or Race *W Lute* Birth-place *Scotland*

Occupation *House wife* Where Residing if not at place of death *Eckhart mines*

Married, Single or Widowed *Married* Name of Wife or Husband *Wm B. Lee*

Father's Name *John Willison* Father's Birthplace *Scotland*

Mother's Maiden Name *Martha McKendrick* Mother's Birthplace *Scotland*

Name of person giving Information *John Lee* How related to deceased *Son*

CAUSES OF DEATH

Primary *Carcinoma Stomach* *(40)* ✓

How long *Several Years*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

J. C. Coker
Frederick, Md.

Accident or Suicide

No

PHYSICIAN
OR CORONER

F. V. C.

Eckhart

Name
in
Full

Charles Holmes Little

CERTIFICATE OF DEATH

Died at ^{Town} Cumberland.

County

Allegany

MARYLAND

Date
of death

1909 June

Day

6

Years

Age 41

Months

Days

15

Sex

male

Color or
Race

white

Birth-
place

Cumberland, Md.

Occupation

Assistant Bank Cashier

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Clara (Jaras) Neff. Little

Father's
Name

Samuel J. Little (died 1882)

Father's
Birthplace

Martinsburg, W. Va.

Mother's
Maiden Name

Maria C. Little (died 1890)

Mother's
Birthplace

Cumberland, Md.

Name of person giving
Information

Robt W. Little

How related
to deceased

Brother

Primary in frontal sinus. CAUSES OF DEATH

Primary

Sarcoma

How long

44

15 months.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Through

Signature of
Physician

James J. Johnson, M.D.

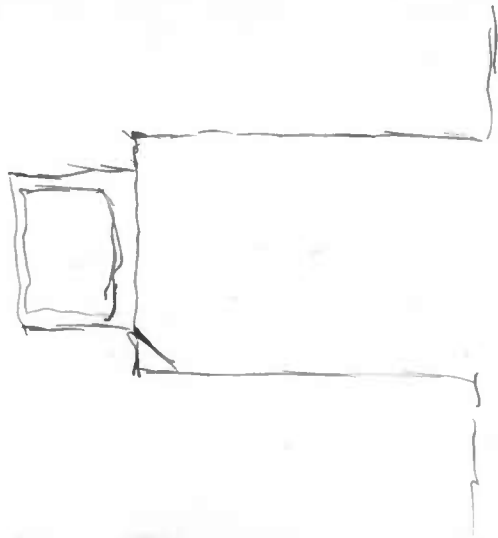
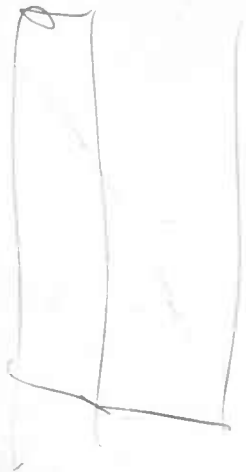
Address

Cumberland, Md.

Cervical glands reached
Lymphatics, right lung, liver,
and intestines.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edward Livingston

Died at Hagerstown Alleghany MARYLAND
 Date of death 1909 June 26 Age 23
 Sex Male Color or Race White Birth-place Hagerstown
 Occupation None Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —
 Father's Name Henry Livingston Father's Birthplace Scotland
 Mother's Maiden Name Margaret Edwards Mother's Birthplace Boston
 Name of person giving Information Edward Livingston How related to deceased Nephew

CAUSES OF DEATH

106 ✓

PHYSICIAN
OR CORONER

Primary Enterocolitis How long One week
 Immediate Meningitis How long 48 hrs
 Are the name, age, sex, color, data and place correctly given above? Yes
 Signature of Physician W B Skilling M.D.
 Address Lawrence, Mo
 Accident or Suicide No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant Mcbommell

Town Cumberland County Alleg.

Diad at Month Day Years Months Days

Date of death 1909 June 26 Age

Sex Female Color or Race White Birth-place Cumberland.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name A.T. Mcbommell Father's Birthplace Mass.

Mother's Maiden Name Annie Behan Mother's Birthplace Pa.

Name of person giving information Ellen Behan How related to deceased Grandmother

CAUSES OF DEATH

Primary Still Birth 7th month How long Unknown

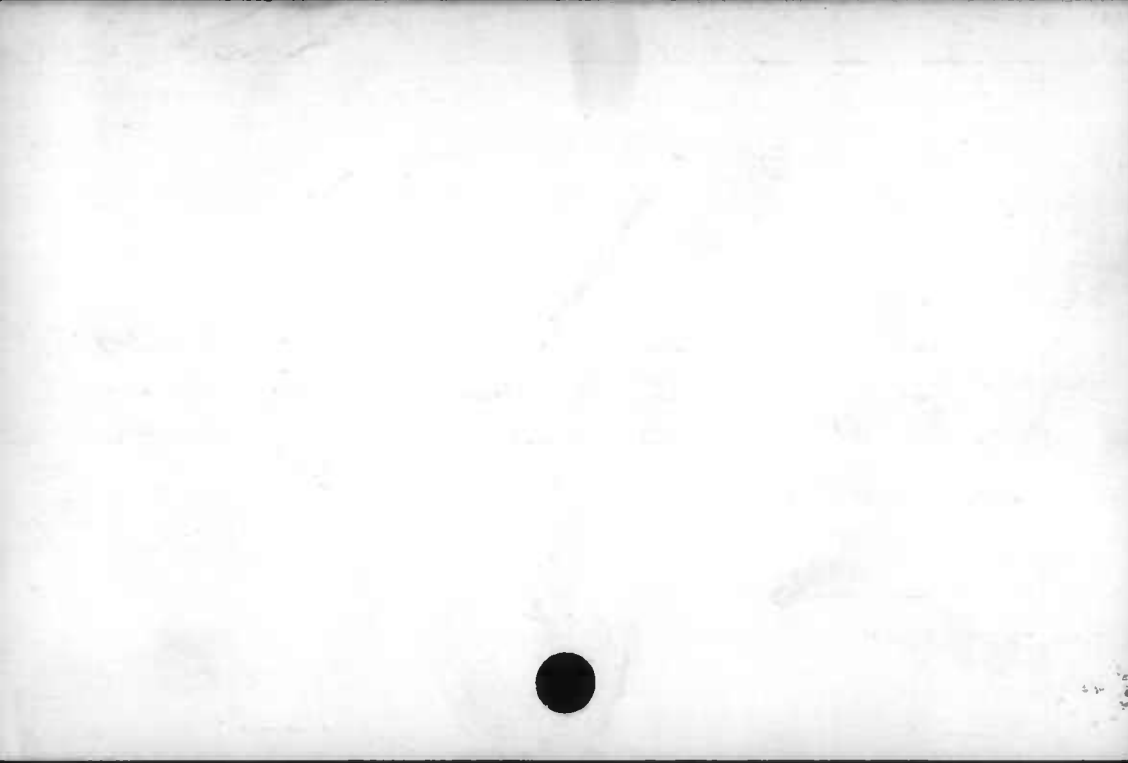
Immediate Unknown How long Unknown

Are the name, age, sex, color, data and place correctly given above? Yes Signature of Physician J.R. Johnson

Address 904

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Isabelle M. Cready

Died at *Borden Mine* Town *Ally* County

Date of death *1909 June 10* Age *60* Years Months *3* Days *12*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *None* Where Residing if not at place of death *✓*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Richard M. Cready*

Father's Name *Richard Campbell* Father's Birthplace *Ireland*

Mother's Maiden Name *Sarah Fife* Mother's Birthplace *Ireland*

Name of person giving information *Stelen M. Cready* How related to deceased *Daughter*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *Valvular Heart Disease* How long *Several Years*

Immediate *Grippe* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. J. L. Conroy*

Address *Frostburg Md*

Accident or Suicide?

Is Hylar.
Cathartes

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph Madasky* Town *Eckhart Mines* County *Alleg*
 Died at *Eckhart Mines*
 Date of death *1909 June 2* Age *73* Months *-* Days *-*
 Sex *Male* Color or Race *White* Birth-place *Austria*
 Occupation *Miner* Where Residing if not at place of death *Same place*
 Married, Single or Widowed *Widower* Name of Wife or Husband *Barbara Madasky*
 Father's Name *Not Known* Father's Birthplace *Austria*
 Mother's Maiden Name *Not Known* Mother's Birthplace *Austria*
 Name of person giving Information *Joseph Madasky* How related to deceased *Son*

PHYSICIAN
OR CORONER

Carcinoma, left side of neck. almost as large as behind's head. CAUSES OF DEATH
 Primary *Chronic Debility*

45 ✓
 How long *Several years*
 How long *Two years ago*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide

Jas C. Hensworth
Eckhart Mines
Md.

J. Hayn.
Catholics Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		190	Month	Day	Years	Months	Days
Sex		Male		Color or Race		White	
Occupation		Engineer		Where Residing if not at place of death		W. Va.	
Married, Single or Widowed		Married		Name of Wife or Husband		Edna Pear Frelaud	
Father's Name		Isarel Wesley Mangold		Father's Birthplace		D.K.	
Mother's Maiden Name		Don't know		Mother's Birthplace		D.K.	
Name of person giving Information		Edna Pear Mangold		How related to deceased		Wife	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long	1 year
Immediate	Exhaustion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		William R. Boardman	
Stem		Address	
Accident or Suicide		116 Virginia Ave D. Cumberland Md	

leaves upi 16 kilol
Engineer B.R.I.

Name
in
Full

Maud Estella Michaels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Barton <small>Town</small>		Allegheny <small>County</small>		MARYLAND	
Date of death 1909 June <small>Month</small>		8 <small>Day</small>	Age 32 <small>Years</small>	10 <small>Months</small>	5 <small>Days</small>
Sex Female	Color or Race White	Birth-place Allegheny Co			
Occupation /	Where Residing if not at place of death /				
Married, Single or Widowed Single	Name of Wife or Husband /				
Father's Name Jacob Michaels			Father's Birthplace Allegheny Co		
Mother's Maiden Name Ellen Myers			Mother's Birthplace Allegheny Co		
Names of person giving Information Jacob Michaels			How related to deceased Father		

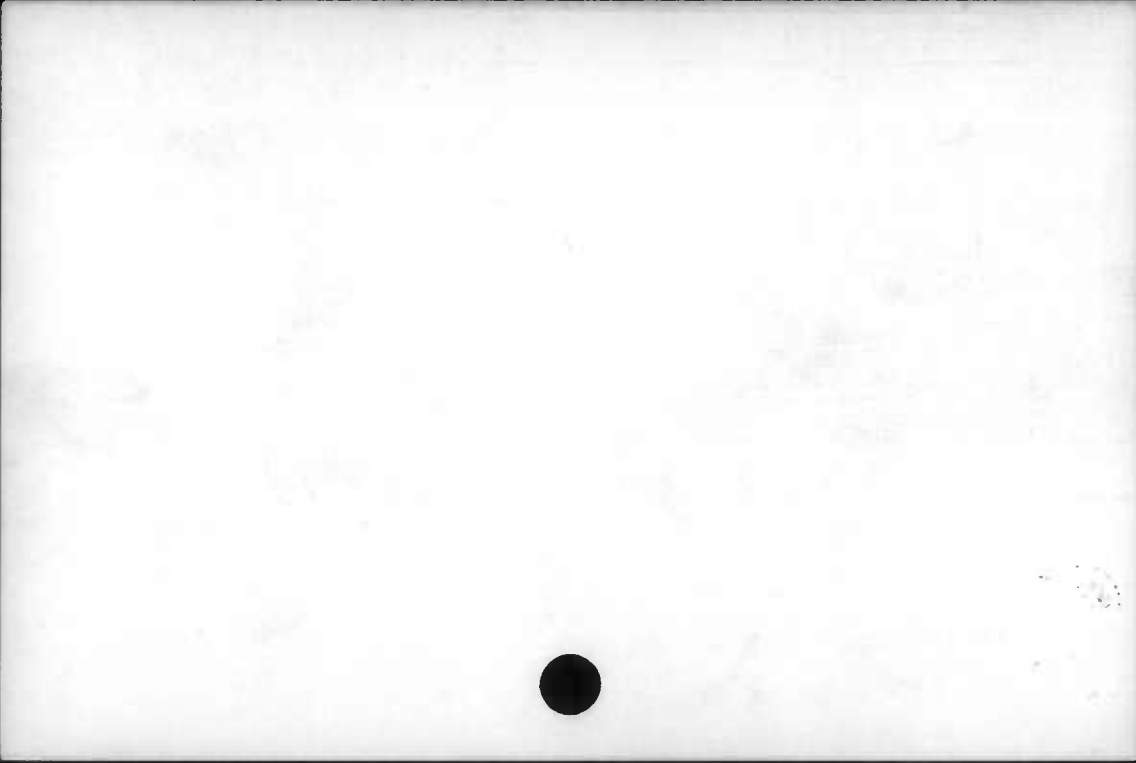
CAUSES OF DEATH

69

Primary Epilepsy	How long 20 years
Immediate Inanition	How long 3 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A. A. Brucher
	Address Barton, Md
Accident or Suicide	

PHYSICIAN
OR CORONER

1



Name
in
Full

James Peter Miller,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death		Month	Day	Years	Months
1909 June 26				Age 18	3 23
Sex	Color or Race	Birth-place		Where Residing if not at place of death	
Male	White	Frostburg		"	
Occupation					
Miner					
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Father's Birthplace				
George Miller	Romney W. Va				
Mother's Maiden Name	Mother's Birthplace				
Ellen Screed	Everett Pa				
Name of person giving Information	How related to deceased				
Mrs Esther Hunt-	Sister.				

Said to coal in mines.
rock & track broken

CAUSES OF DEATH

164 ✓

PHYSICIAN
OR CORONER

Primary	Accident-	How long	Immediate.
Immediate	"	How long	Immediate.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	G L Luningger M.D.
		Address	Frostburg Md.
Accident or Suicide	Accident-		

J. Haper
Albany

Name
in
Full

Martha E. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumtland Allegh County MARYLAND
Date of death 1909 June 15 W Day 82 Years 2 Months — Days
Sex Female Color or Recs White Birth-place Germany
Occupation None Where Residing if not at place of death —
Married, Single or Widowed Widow Name of Wife or Husband John L Miller
Father's Name Daniel Keilmann Father's Birthplace Germany
Mother's Maiden Name Do not know Mother's Birthplace 11
Name of person giving Information John L Miller How related to deceased Son

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary Cancer of face. Gall stones How long several years
Immediate all age - Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

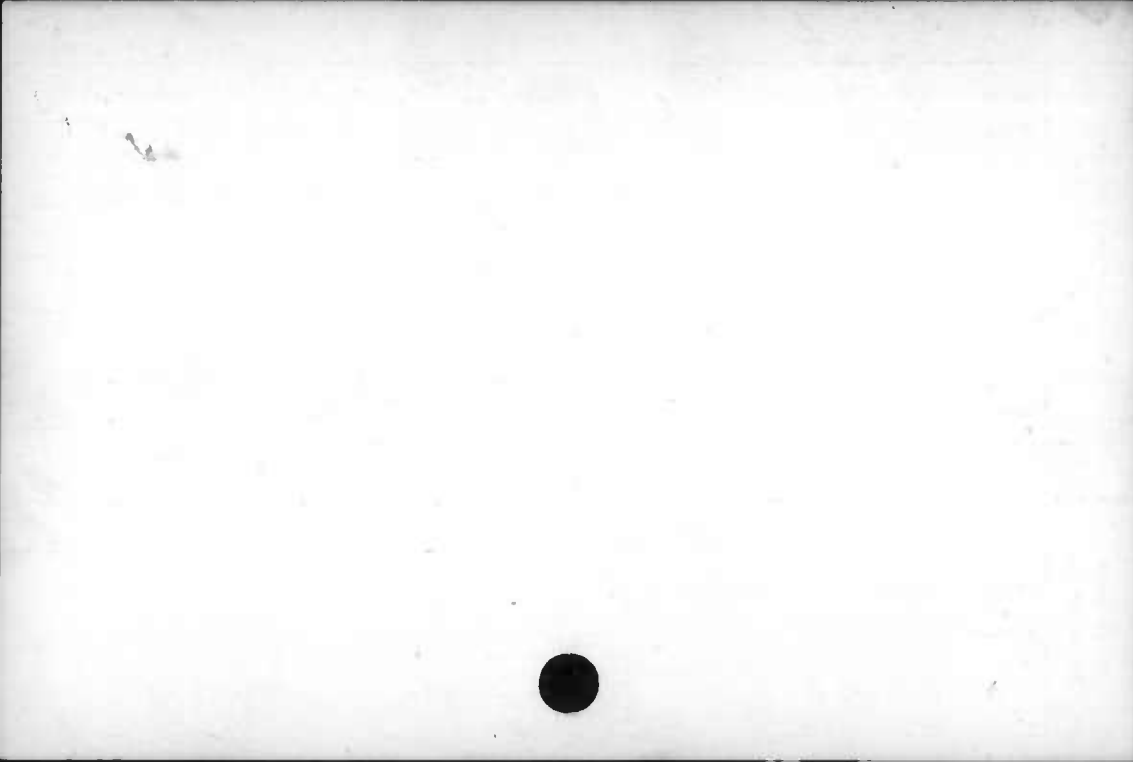
Address

John L Miller
Cumtland
Maryland

Accident or Suicide

—

41
Bea



Name
in
Full

Annie Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland Allegheny County
Date of death 1909 June 1 101 Age 2 Months — Days
Sex Female Color or Race White Birth-place Scotland
Occupation None Where Residing if not at place of death Eckhart Md.
Married, Single or Widowed Widow Name of Wife or Husband James Nelson
Father's Name William Sample Father's Birthplace Scotland
Mother's Maiden Name Christina Durr Mother's Birthplace "
Name of person giving Information Mrs. Jennette Chora How related to deceased Daughter

CAUSES OF DEATH

154 ✓

PHYSICIAN
OR CORONER

Primary Senility
Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

T. B. McDonald

Address

Cumberland Md

Accident or Suicide —

Franklin
Thursday

Mrs Christina Harris Eckert
John Murphy Johnston Pe
Hill Nelson Eckert
Mrs Andie Kuter City
Mrs Jennette Charo City

Name
in
Full

William Holan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

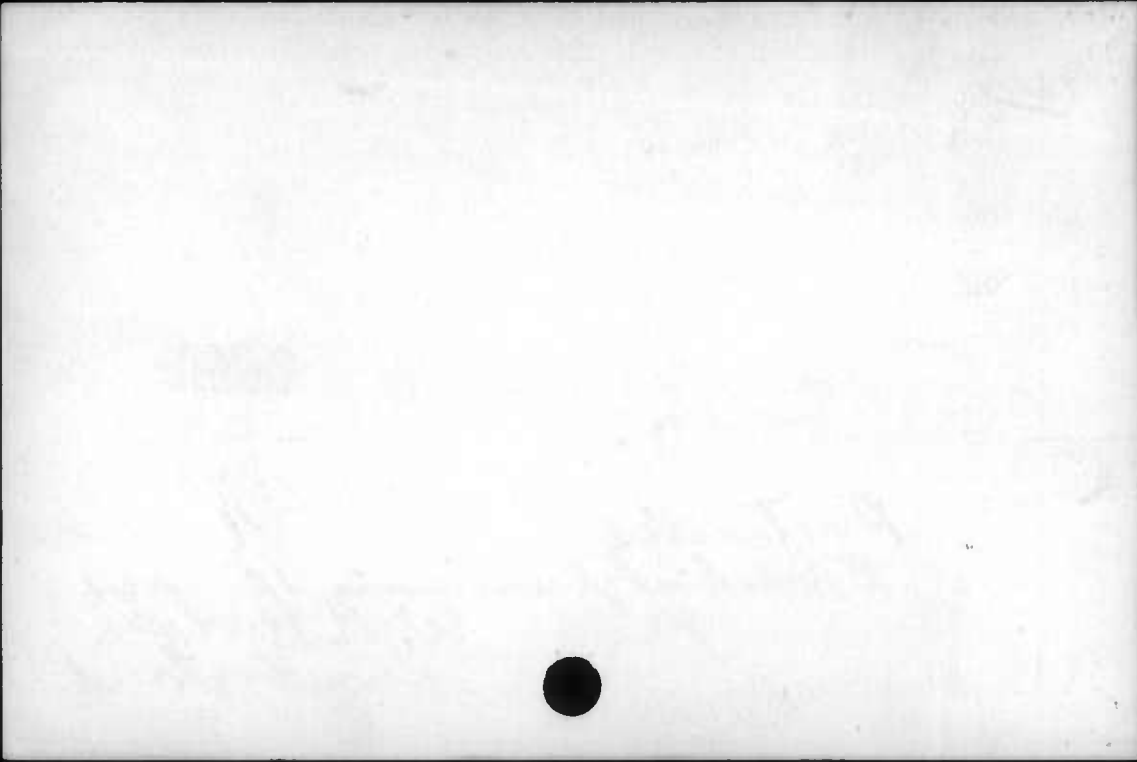
Died at <i>Longcoming</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	1909	Month	June	Day	25
Age	25	Years		Months	7
Sex	Male	Color or Race	White	Birth-place	Longcoming
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Daniel Holan</i>		Father's Birthplace	
Mother's Maiden Name		<i>Mary Brillee</i>		Mother's Birthplace	
Name of person giving information		<i>Mrs. Daniel Holan</i>		How related to deceased	
				<i>Mother</i>	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Capillary Bronchitis</i>	How long	<i>Three weeks</i>
Immediate	<i>Acute Nephritis</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. B. Skilleigh</i>	
		Address	
		<i>Longcoming</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harry J Onnal

Cumberland acesgany

MARYLAND

Date

of death 1909

Month

6

Day

10

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Beth Farm

Occupation

non

Where Reeding if not
et place of death

Cumberland

Merried, Single
or Widowed

Single

Name of Wife or
Husband

non

Father's
Name

Geo Onnal

Father's
Birthplace

Md

Mother's
Maiden Name

Ida Buecy

Mother's
Birthplace

Md

Name of person giving
Information

Ida Buecy

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pertussis

How long

4 weeks

Immediate

Bronchial-pneumonia

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

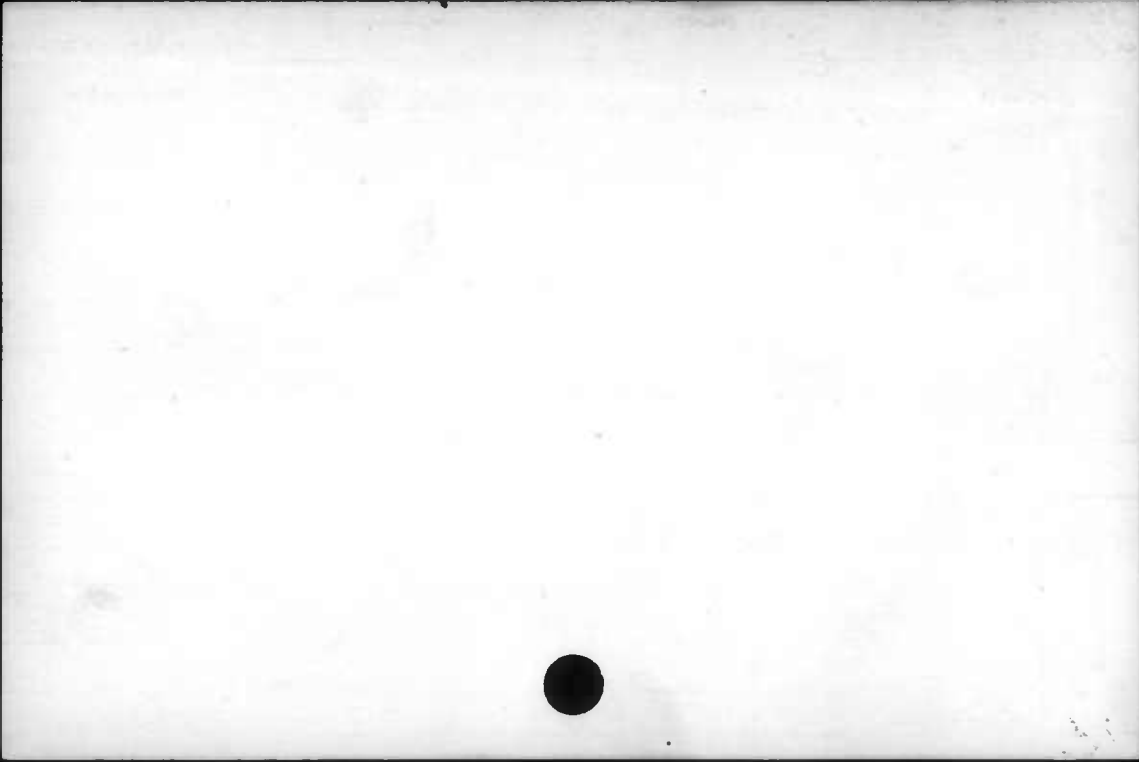
W. R. Hodges

Address

Cumberland

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Lara Osborne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Wt Savage* ^{County} *Allegany* **MARYLAND**

Date of death ^{Month} *June* ^{Day} *19* ^{Year} *1909* Age *20* ^{Months} *7* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Pa*

Occupation *Housework* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Horace Osborne*

Father's Name *William T Griffith* Father's Birthplace *W. Va*

Mother's Maiden Name *Ida B Glover* Mother's Birthplace *W. Va*

Name of person giving Information *Frank Griffith* How related to deceased *Brother*

CAUSES OF DEATH

134

PHYSICIAN
OR CORONER

Primary *Terminating of Pregnancy* ^{How long} *3 mos*

Immediate *Induced Abortion* ^{How long} *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of
Physician

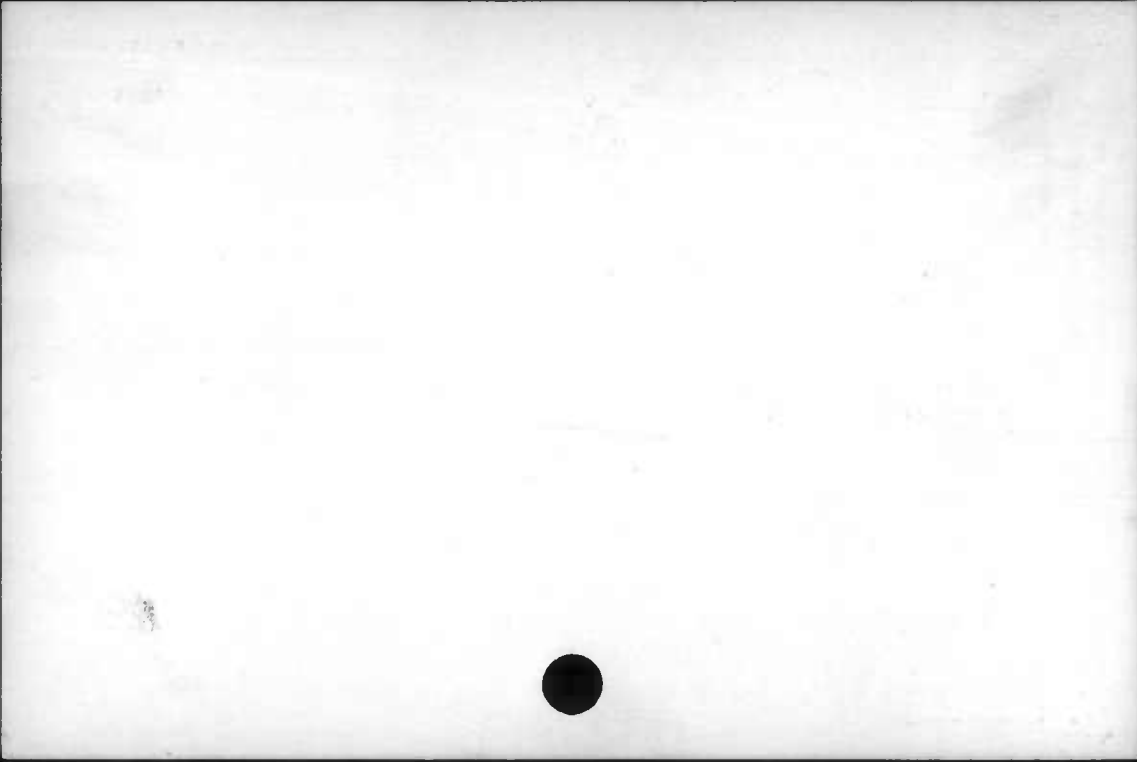
Address

F. A. Can E. Munnick

Wt Savage

md

Accident or Suicide



Name
in
Full

Race

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		four	19				7
Sex	male	Color or Race	white	Birth-place	Und.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Fredrick Race				Father's Birthplace	
Mother's Maiden Name		Margaret Wilson				Mother's Birthplace	
Name of person giving Information		F. Race				How related to deceased	
						father	

CAUSES OF DEATH

Primary	2.	How long	2.
Immediate	Concussions	How long	1 Day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. Scriber
		Address	Froeseburg, Ind.
Accident or Suicide			

Hafer

• Eckhard Cenn.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Date
of death

1909

Month

June

Day

23

Age

Years

66

Months

Days

Sex

male

Color or
Race

White

Birth-
place

Canada

Occupation

Stationary Engineer

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Mary J. Born

Father's
Name

Do not know

Father's
Birthplace

Do not know

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Do not know

Name of person giving
Information

Mary J. Read

How related
to deceased

Wife

CAUSES OF DEATH

40

Primary

Carcinoma of Pyloric Stomach

How long

18 Months

Immediate

Exhaustion

How long

month

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. H. Jackson

Address

Cumtuck
Foghtone

Accident or Suicide

PHYSICIAN
OR CORNER

1

Reed
opposite 134 Thomas

Chas. Will

Name
in
Full

Harry W Rohrer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

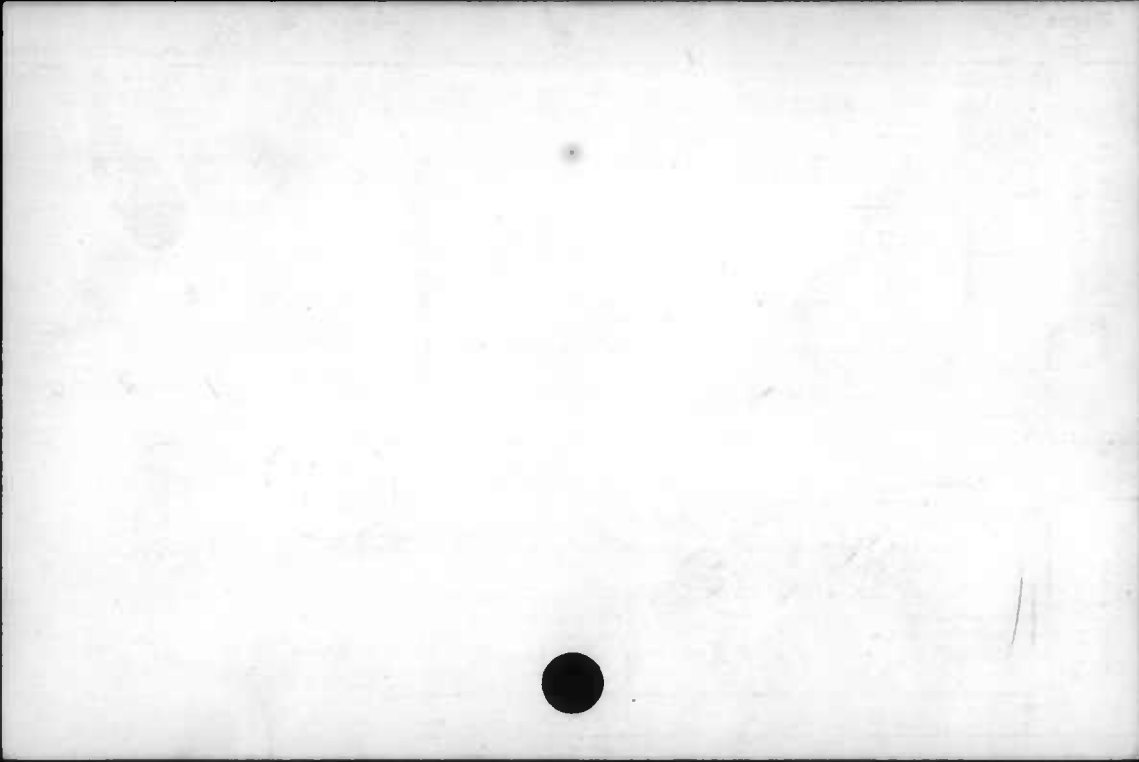
Disd at		Town Cumberland	County Alleg	MARYLAND	
Date of death	1909	Month June	Day 1	Age 31	Years —
Sex	Male	Color or Race	White	Birth-place	Cumberland
Occupation	Clerk		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	L. D. Rohrer			Father's Birthplace	Nash & Md.
Mother's Maiden Name	Catherine Webster			Mother's Birthplace	Ad. 1 W. 11
Name of person giving Information	Walter Neff			How related to deceased	Bro in law.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pleur. Pneumonia	How long	Several months
Immediate	Tuberculosis. Exhaustion	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. J. J. J. J.
Address	Cumberland	Address	Marshall
Accident or Suicide	—	Address	Keedysville Md



Name
in Full

Levi Runion

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumtba Town Alleg County

MARYLAND

Date of death 1909 June 9 Day 83 Age 83 Years Months Days

Sex Male Color or Race White Birth-place West Va

Occupation Farmer Where Residing if not at place of death West Va

Married, Single or Widowed Widowed Name of Wife or Husband Elizabeth Aubrey

Father's Name Does Not Know Father's Birthplace D.K.

Mother's Maiden Name " " Mother's Birthplace " "

Name of person giving Information J R Runion How related to deceased Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Senility How long How long

Immediate Exhaustion How long How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J.B.M. Smald Address Cumberland

Stell W.D. Hays

Accident or Suicide

4 A M ^{near} 74 colonier
living with son D. P.
leaves 4 children all grown
formerly Moorefield int
Base Bill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Elizabeth Sluss</i>		Town <i>Frostburg</i>		County <i>Alley</i>		MARYLAND		
Died at <i>Frostburg</i>		Date of death <i>1909 June 19</i>		Age <i>87</i>		Months <i>7</i>		Days <i>1</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Va</i>				
Occupation <i>None</i>		Where Residing if not at place of death <i>Va</i>						
Married, Single or Widowed <i>Widow</i>		Name of wife or Husband <i>David Sluss</i>						
Father's Name <i>William Rawls</i>		Father's Birthplace <i>Va</i>						
Mother's Maiden Name <i>Mary Rawls</i>		Mother's Birthplace <i>Va</i>						
Name of person giving in formation <i>Sister Sluss</i>		How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular disease Heart</i>	How long <i>several years</i>
Immediate <i>V</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. L. Conroy</i>
	Address <i>Frostburg Md.</i>
Accident or Suicide?	

Hafer
Ally. Cenn.

Name
in
Full

Leo Stotter

CERTIFICATE OF DEATH

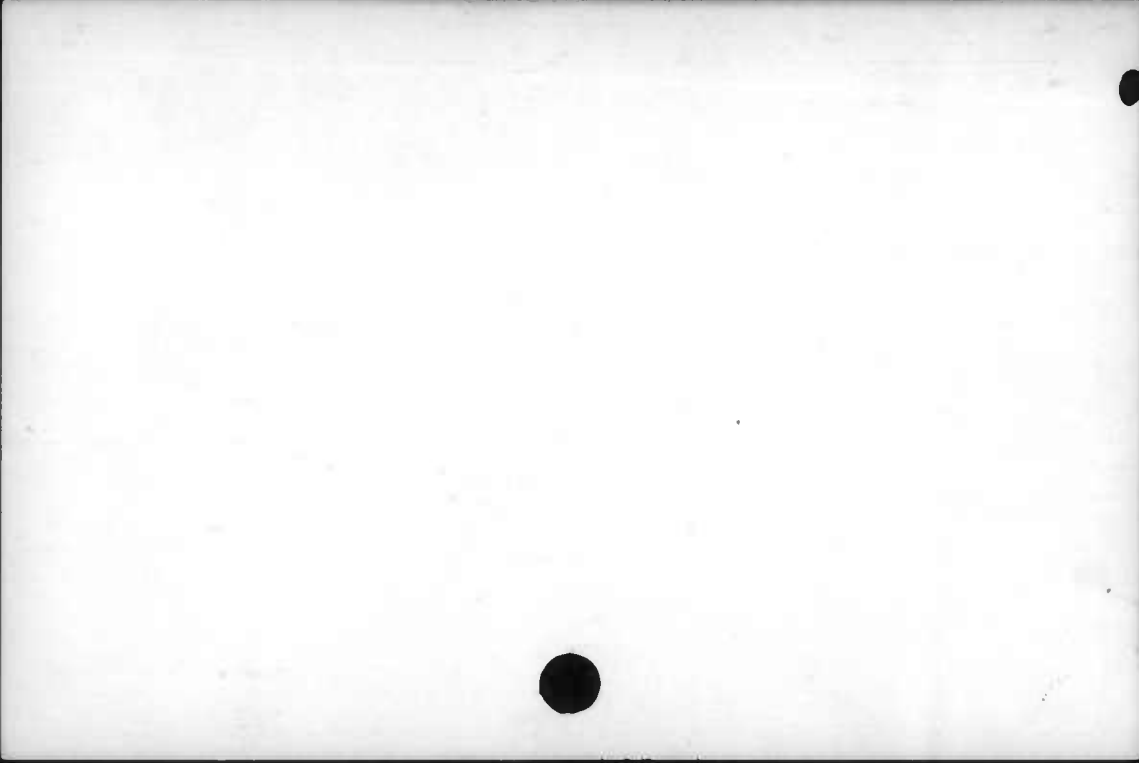
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		June	4	Age	—	10 hrs	
Sex		Color or Race		Birth-place			
Male		White		Cumbd.			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name		Father's Birthplace					
Lee Stotter		W Va.					
Mother's Maiden Name		Mother's Birthplace					
Mayd Smith		Pa.					
Name of person giving Information		How related to deceased					
Lee Stotter		Father					

CAUSES OF DEATH

Primary		How long	
Congenital Malformation of Heart		150 ✓	
Immediate		How long	
Cyanosis		10 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		S.H. Whit	
Address		Cumberland Ind	
State		White	
Accident or Suicide			

PHYSICIAN
OF CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Infant.</i>		Town <i>J. W. Thorp</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at <i>Cumberland</i>		Month <i>June</i>		Day <i>19</i>		Age <i>—</i>	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>19</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>		Months <i>—</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>		Days <i>3</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>J. W. Thorp</i>		Father's Birthplace <i>Hampshire Co. W. Va.</i>					
Mother's Maiden Name <i>Myrtle Custer</i>		Mother's Birthplace <i>Martinsburg W. Va.</i>					
Name of person giving Information <i>J. W. Thorp</i>		How related to deceased <i>Father</i>					

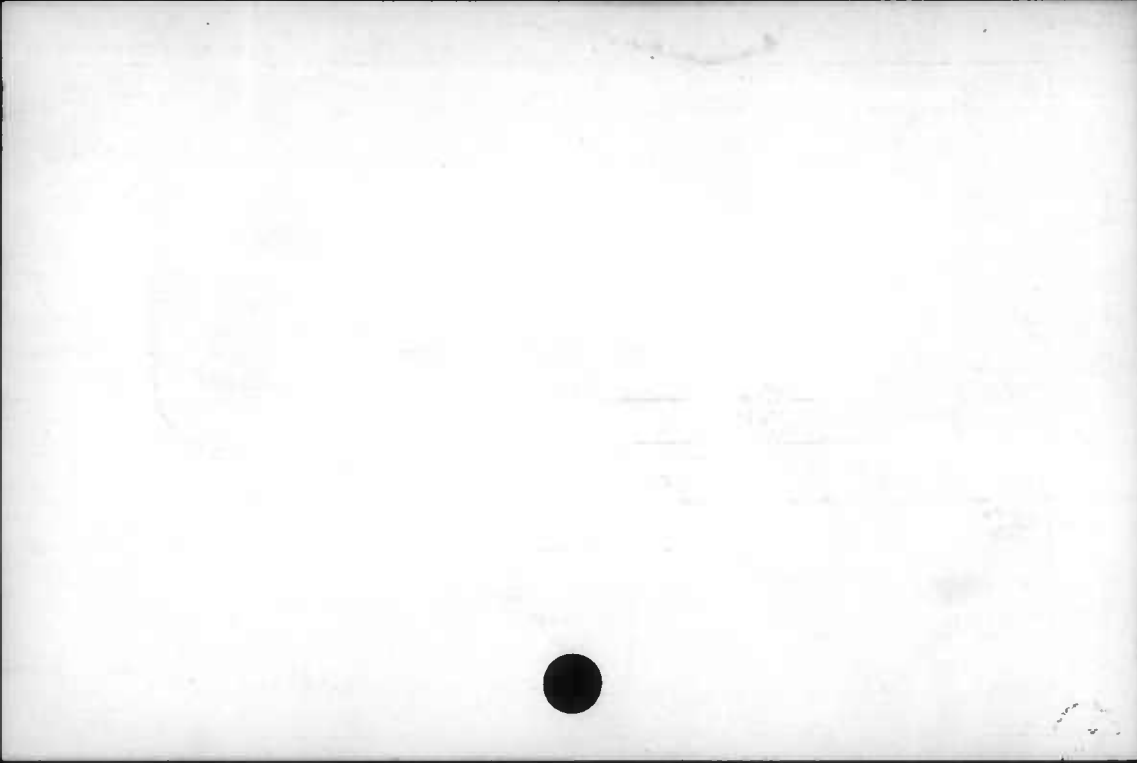
CAUSES OF DEATH

151

✓

PHYSICIAN
OR CORONER

Primary Cause of Death <i>Poorly nourished</i>		How long <i>—</i>	
<i>Small 4½ lbs & very weak from beginning</i>		<i>How long</i>	
Immediate Cause of Death <i>Exhaustion</i>		<i>1 day.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. L. Souther</i>	
<i>Stein.</i>		Address <i>For Cumberland</i>	
Accident or Suicide <i>Keener Mrs</i>		<i>md.</i>	



Name
in
Full

Margaret Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death <u>1909 June 8</u> <small>Month Day</small>		Age <u>56</u> <small>Years</small>		<u>9</u> <small>Months</small> <u>25</u> <small>Days</small>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Bedford Co Pa</u>			
Occupation <u>house keeper</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Wm F. Turner</u>				
Father's Name <u>Samuel Faybel</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Catharine Stairs</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving Information <u>Edith E Turner</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

Primary Chronic Bright's Disease 120 ✓ How long about 2 yr

Immediate Nephritis How long weeks

Are the name, age, sex, color, date and place correctly given above? Yes

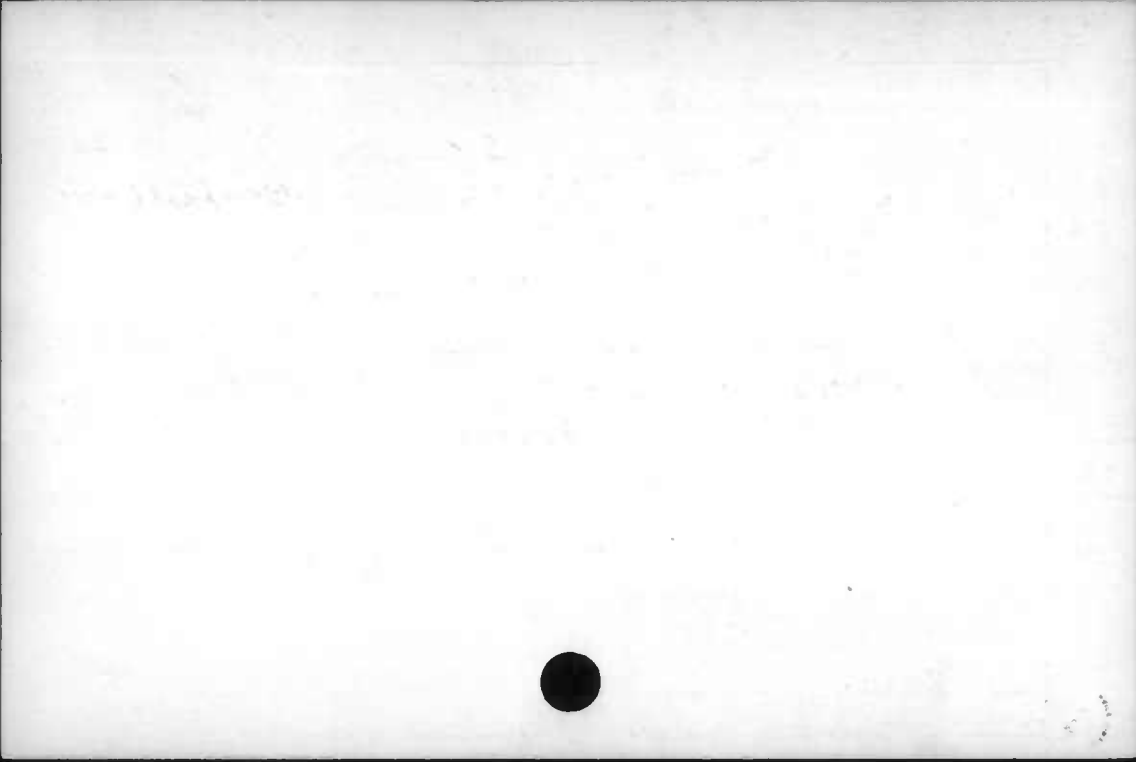
Signature of Physician

Address

J. H. Joachman
Cumberland, Md

Accident or Suicide

Natural CausePaPHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Emanuel Weight* Town *Cumberland* County *alleg.* MARYLAND
Died at
Date of death 1909 *June* Month *6* Day Age *52* Years Months Days
Sex *Male* Color or Race *White.* Birth-place *Everette Pa*
Occupation *Contractor* Where Residing if not at place of death *Pa.*
Married, Single or Widowed *Single* Name of Wife or Husband *None*
Father's Name *Jermiah Weight* Father's Birthplace *D.K.*
Mother's Maiden Name *Mary Bussard* Mother's Birthplace *Pa.*
Name of person giving Information *George Weight* How related to deceased *Bro.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid fever* How long *2 WEEKS*
Immediate *Coma* How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

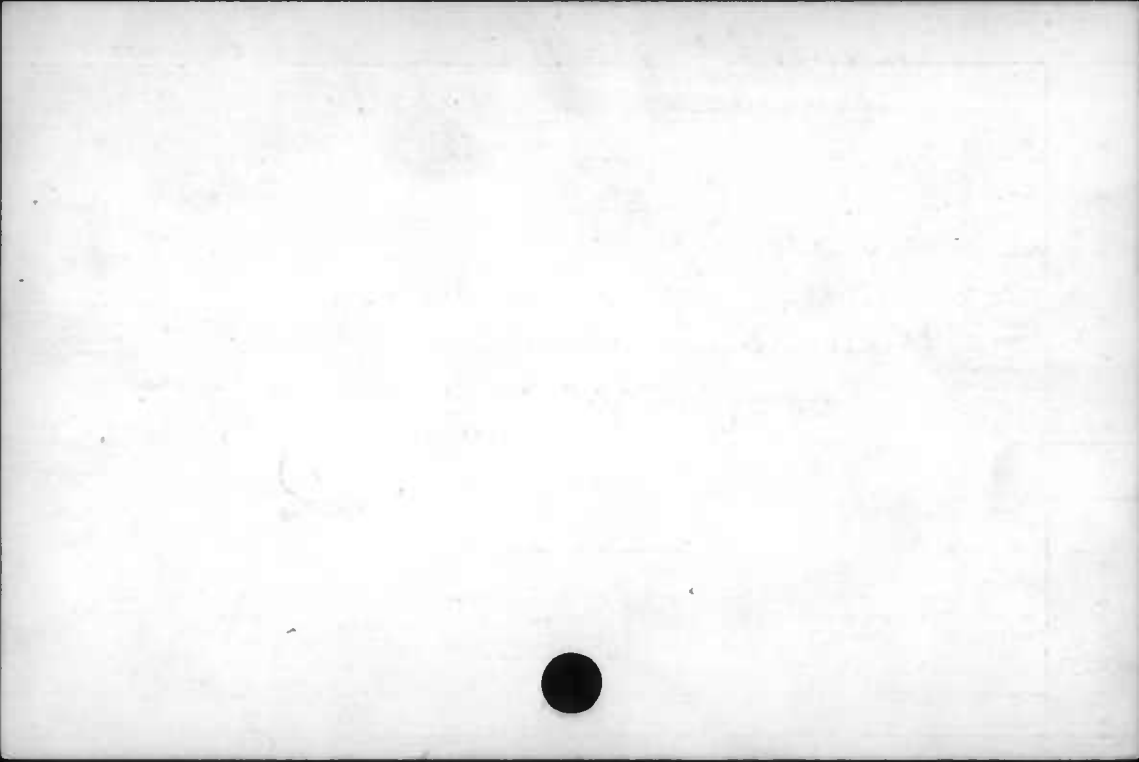
Yes

Signature of Physician

Address

J. M. Spr...
Cumberland
Ma

Stew.
Everette Pa



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catharine Elizabeth Niegauch

Town

County

MARYLAND

Died at *Cumtoburland*

Alleghany

Date of death 190 *9* Month *6-* Day *2-*

Age *75* Years Months Days

Sex *Female*

Color or Race *White*

Birth-place *Germany*

Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *Widowed*

Name of Wife or Husband *Conrad Niegauch*

Father's Name *Hauach*

Father's Birthplace *Germany*

Mother's Maiden Name *Catharine Hauach*

Mother's Birthplace " "

Name of person giving Information *Conrad Niegauch*

How related to deceased *Son*

CAUSES OF DEATH

154 ✓

Primary *Injurious accident to abdomen*

How long

Immediate *Feil Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

js

Signature of Physician

H. W. Wiley
Cumtoburland, Ind.

Address

958
Accident or Suicide

PHYSICIAN
OR CORONER

1

Harley

Name
in
Full

Margaret E. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{town} *Brooklyn* ^{County} *Allegheny* **MARYLAND**

Date of death 190 ^{Month} *9* ^{Day} *me* ^{Years} *18* ^{Months} *1* ^{Days} *26*

Sex *Female* Color or Race *white american* Birth-place *Carroll Md*

Occupation *none* Where Residing if not at place of death *—*

~~Married, Single~~ *Single* Name of Wife or Husband *none*

Father's Name *J. Williams* Father's Birthplace *Wales*

Mother's Maiden Name *M. G. Jeffries* Mother's Birthplace *Illinois*

Name of person giving Information *W. Morgan* How related to deceased *Uncle*

CAUSES OF DEATH

50 ✓

PHYSICIAN
OR CORONER

Primary *Diphtheria* How long *7 mos*

Immediate *Comma* How long *One day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. G. Griffith*

Address *Brooklyn*

1 Accident or Suicide

J. H. Co
Allegany.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>J. M. Wise</i>		Town <i>Cumbeilana</i>		County <i>Allegh</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>30</i>		Years <i>86</i>	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>30</i>		Age <i>86</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Mifflin Co. Pa.</i>		Months <i>2</i>	
Occupation <i>Cabinet maker</i>		Where Residing if not at place of death				Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>J. M. Wise</i>		Father's Birthplace <i>Lancaster Pa</i>					
Mother's Maiden Name <i>Nancy Marion</i>		Mother's Birthplace <i>France</i>					
Name of person giving Information <i>Silas Wise</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

154 ✓

Primary *General Debility*Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

1

May 2 182

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Chas E. Luskworth Young</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumberland, Md.</i>		Month <i>9</i>		Day <i>6</i>	
Date of death 190 <i>9</i>		Age <i>88</i>		Months <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>	
Occupation <i>Vetered Machinist</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Eliz Chambers</i>			
Father's Name <i>Robert Young</i>		Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Eliz E. Luskworth</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving Information <i>B. B. Young</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

Primary	<i>Infirmities due to old age</i>	How long	<i>10 yrs</i>
Immediate	<i>Paralysis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas H. Brown D</i>	
		Address <i>Cumberland Md</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER
1

